



Cervical Cancer Screening

We collect data from providers to measure and improve the quality of care our members receive. Cervical Cancer Screening is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

To evaluate the level of care our members receive regarding CCS, we capture the percentage of women ages 21 to 64 who were screened for cervical cancer using one of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed within the last three years
- Women ages 30 to 64 who had cervical high-risk human papillomavirus testing within the last five years
- Women ages 30 to 64 who had cervical cytology/hrHPV co-testing within the last five years

CCS is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the **National Committee for Quality Assurance website** for more details.

Why It Matters

Cervical cancer is a disease in which cells in the cervix grow out of control. Cervical cancer used to be one of the most common causes of cancer death for women in the U.S. Effective screening has reduced the mortality rate by more than 50 percent over the last 30 years. Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable. Learn more from **NCQA**.

Eligible Population

Women with a cervix ages 21 to 64 as of Dec. 31 of the measurement year are included in this measure.

Exclusion: Members who meet any of the following criteria are excluded:

- Had a total, complete or radical vaginal or abdominal hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix before Dec. 31 of the measurement year
- Are in hospice and palliative care

Tips to Consider

- Review and document members' surgical and preventive screenings history with results.
- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner.

How to Document

CCS data is collected through claims data and chart review.

For more information, see NCQA's HEDIS Measures and Technical Resources.



Questions?Contact your
Network Representative.



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including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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